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| 200-414 NPO | SAAM FORM 8APPLICATION FOR APPROVAL OF CPD POINTS |

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| Please complete and submit for recommendation. A designated accreditor of SAAM will view your application.  NOTE: (a) A detailed activity programme per time allocated, (b) content of each presentation and (c) presenter CV’s are required to be submitted with this application. | |
| **Name of Training Organisation and/ or name of trainer and/or individual trainer** |  |
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| **Postal Address of Training Organisation and/ or trainer and/ or individual trainer** |  |
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| **VAT Number of Training Organization/ Provider (if applicable)** |  |
| **Target audience** |  |
| **Related target audience** |  |
| **Contact Person (Organisation/ Provider/ Individual)** |  |
| **Telephone Number (Including Area Code) (Organisation/ Provider/ Individual)** |  |
| **e-Mail Address (Organisation/ Provider/ Individual)** |  |
| **Title of training** |  |
| **Date(s) of training program** |  |
| **Presenter/ s name/ s and registration number/ s with SAAM.** |  |
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| **Indicate how the activity aims to enhance professional performance** | . |
| **Venue (Full physical address) of proposed activity (if applicable)** |  |
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| **Training course fee for participants** |  |
| **Duration of the learning activity (hours)** |  |
| **Is the learning activity accredited by any other organisation/professional body** |  |
| **Specify intended method of evaluation (i.e. Questionnaire** |  |
| **Specify the intended mechanism of monitoring attendance (per hour or per session for the duration of the activity)** |  |
| **Does the Organisation/Provider/Individual require marketing of the learning activity through the SAAM Training and Development Institute.** |  |

**Organisations/Providers only:**

With the submission of this application, I herewith undertake to monitor the attendance per session, evaluate the presentations as specified and to inform the accreditors accordingly. I recognize the authority of the Board/Accreditors to cancel the accreditation on non-compliance to the criteria.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(ORGANISATION/PROVIDER/INDIVIDUAL)**

**Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **FOR THE OFFICIAL USE OF THE ACCREDITOR**  This is to certify that …………………………………………………………. (name of Accreditor) -has agreed to the allocation of SAAM CPD points as follows:   |  | | --- | |  |   Specify the reasons why the above-named Accreditor does not agree to accreditation:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Specify changes/suggestions in order for re-submission to be approved  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **SIGNATURE ON BEHALF OF DESIGNATED CPD ACCREDITOR DATE: ………………………………….** | |
| **NAME AND DESIGNATION:** |  |